



GILA COUNTY DIVISION of HEALTH and EMERGENCY SERVICES

5515 South Apache Ave, Suite 400, Globe, AZ 85501
PHONE: (928) 425-3231 ext.8803 FAX: (928) 425-3996
"Improving the Quality of Life for all Residents"

June__ 2011

Dear State Farm Foundation Representative;

The purpose of this application is to invite your partnership in the Gila County Division of Health & Emergency Service's initiative in implementing the "The Great 9-1-1 Adventure for Kids" Project in our Globe/Miami area school districts.

Globe is the county seat for Gila County, and Globe/Miami areas are small rural areas with diverse ethnicity and low income populations within Gila County. The Gila County Division of Health & Emergency Services is a Department under the Gila County umbrella, and our mission statement is "dedicated to the service of the community and safety during peace time or disaster", and we feel that teaching our children the proper use of the 9-1-1 system is the ultimate responsibility of us all, and by doing so, we can save lives.

It is our hope that this application results in a favorable outcome, so that we can implement this vitally important project and expand and enhance it in the future. With this project, it is expected that we will reach initially 300-400 second grade students in the two school districts, (Globe/Miami) and eventually expand to the Northern area of the County in the Payson area school districts.

By funding this pilot project the State Farm Foundation will be a partner in our endeavor and share in the positive outcome we expect and will strive to perpetuate.

Please feel free to contact me at jsmith@co.gila.az.us or (928-402-8665) if you have questions or require further information.

Sincerely,

Judy J. Smith, Grants Spec.
Gila County
Division of Health & Emergency Services

statefarm.com
State Farm® Safe Neighbors Grant Application
for educational institution or government entity

IMPORTANT

Print or Save these instructions before beginning your application.

- 1. By setting up your account, you are now able to save your progress and return to this application at a later time.**
- 2. Please make note of the password you used to set up your account.**
- 3. Copy and paste (or type) the following web address to your Account Login page into your browser and bookmark it as a Favorite: https://www.grantrequest.com/SID_1043/?SA=AM**
- 4. Visit your Account Login webpage at any time for easy access to your in-progress application.**

Organization Information

Organization Name

Gila County Division of Health & Emergency Services

Tax ID

Please provide 9-digit number in this format: 12-3456789.

86-6000444

Street Address

5515 South Apache Ave. Ste.400

City

Globe

County

Gila

State or Province

AZ

Postal Code

Please provide the full 9-digit zip code or full Canadian postal code.

85501

Main Phone Number

928-402-8665

Main Fax Number

928-425-7714

General Email Address

jsmith@co.gila.az.us

Website

gilacounty.gov

What is the mission of your organization?

A Division of Gila County dedicated to the service of community and government safety during peace time or disaster, whether natural or man-made. This is accomplished through the management and coordination of varied resources including county departments, local government and private agencies.

What year was your organization founded?

1954

What is your organization's total annual operating budget?

\$340,000

Please provide a brief description of your organization's history, as well as major accomplishments and organizational changes in the last 12 months.

Gila County Emergency Management is tasked by the Board of Supervisors to support Emergency Operations and has been doing so since 1954. Within the last 12 months, Emergency Management has partnered with Gila County Health Services to expand and enhance current services.

What volunteer opportunities are available to the public?

i.e., volunteer events, board positions, etc. Enter N/A if not applicable.

The Teen Maze is an annual event that utilizes volunteers in an activity that addresses the problem of teen pregnancy. It is an educational event with hands on education with real life scenarios presented to the students. The CARE (Children's Assistance & Resource Event) also utilizes community volunteers at every Fair. Both of these events require a large number of volunteer personnel, which makes these events extremely successful. The Community Emergency Response Team is also a team where volunteers are recruited when an emergency develops. The opportunity to volunteer is always available and appreciated.

Are there any persons associated with State Farm who currently volunteer for your organization? If so, how many?

Unknown, as our Division is so huge, and there are so many programs under the Gila County umbrella.

Please list any community leaders / legislative and government officials involved with your organization.

The Division Director, Dr. Matt Bolinger, and Deputy Director, Debra Williams as well as the Gila County Board of Supervisors: Chairman, Michael Pastor, Supervisor, Shirley Dawson, Supervisor, Tommie Martin are involved with this Division.

Contact Information

Organization: Primary Contact

i.e., Executive Director, President

Prefix

Dr.

First Name

Matthew

Middle Name

Last Name

Bolinger

Suffix

<None>

Title

Director, Division of Health & Emergency Services

Office Street Address

5515 South Apache Ave. Ste.#400

Office City

Globe

Office State

AZ

Office Postal Code

Please provide the full 9-digit zip code or full Canadian postal code.

85501

Office Phone

928-402-8767

Extension

8767

Office Fax

928-425-7714

Email Address

mbolinger@co.gila.az.us

Funding Request: Primary Contact

Prefix

Ms

First Name

Judy

Middle Name

Janell

Last Name

Smith

Suffix

<None>

Title

Grants & Special Projects Specialist

Office Street Address

5515 South Apache Ave. Ste. # 400

Office City

Globe

Office State

AZ

Office Postal Code

Please provide the full 9-digit zip code or full Canadian postal code.

85501

Office Phone

928-402-8665

Extension

8665

Office Fax

928-425-7714

Email Address

jsmith@co.gila.az.us

Proposal Information

Proposal General Information

Inviter

Unsolicited

Request Date

Program / Project Title

The 9-1-1 Adventure for kids

Program / Project Start Date

07/01/2011

Program / Project End Date

07/01/2012

What amount of funding are you requesting from State Farm?

\$4,029.00

Please show a breakdown of how a State Farm donation would be used.

The donation will be used to purchase the Tele-Trainer system which is designed to help enable children to be proactive in serious situations. To purchase novelty items such as training completion certificates, "what to say" magnets for children to refer to when calling 9-1-1, two "9-1-1 Great Adventure" videos and a 9-1-1 Rap music CD, staff/travel (gasoline) expenses, and additional misc. project specific novelty items. (Itemized list is specified below)

What is the total or overall funding required for this program / project?

Please itemize this amount, showing a breakdown of total expenses for this program / project.

The total amount of funding requested is: \$4029.00 (see below the itemized costs)

2 complete Tele-Trainer Systems @ \$929.00 ea.=\$1858.00
"What To Say" magnets (Pkt. of 25) 10 pkts @ \$11.00=\$110.00
9-1-1 Great Adventure Video 2 @ \$10.00=\$20.00
9-1-1 Rap CD, 2 @ \$6.00=\$12.00
9-1-1 Buttons (Pkt. of 50) 4 Pkt. @ \$27.00=\$108.00
"How To Call 9-1-1" wallet cards (Pkt. of 25) 12 Pkt.@\$8.00=\$96.00
9-1-1 For Emergencies Only Stickers (Pkt. of 25) @ \$6.00=\$72.00
"Certificates of Completion" (Pkt. of 25) 12 @ \$10.00=\$120.00
"9-1-1 Coloring Books" (Pkt. of 25) 12 Pkts.@28.00=\$336.00

Software to produce power point 1 @ \$197.00
Printing cost for brochures/posters, misc. supplies, gasoline \$ 300.00 (for the entire 12 months)
Administration & Management of Project \$800.00 (for the entire 12 months)

If other benefactors will finance this program / project, please list them by organization name and amount committed.

State Farm prefers to support programs with a diverse funding base.

We have no other benefactors at this time however, depending on the success of the 12 month project, we would like to expand to school districts in the Northern area of the county and increase the frequency of presentations of the program, at which time we would request funding from other benefactors to continue the project on a larger scale.

Proposal Detail

Provide a summary of the program / project for which you are requesting funding.

The purpose of this project is to teach children to call 9-1-1 when they need immediate help from police, fire, or emergency medical personnel. We want to educate 2nd grade students in the proper use of the 9-1-1 system by demonstrating the process utilizing the Tele-Training system, which is a teaching aid designed for school children.

What is the program / project's purpose and objectives?

The project purpose is to introduce students to the 9-1-1 system, stress the importance of recognizing an emergency, knowing how and when to call 9-1-1, knowing their address and phone number, how to interact with 9-1-1 personnel, and how to summon help. We also want to let the children know that 9-1-1 is not a toy. Time is of the essence when a life hangs in the balance we want our children to be proactive in a serious situation. Teaching our children the proper use of the 9-1-1 system and providing valuable information that they can apply to everyday life is an essential responsibility of us all. Educating our children in the proper use of the system will also enhance the effectiveness of the system.

How long has this program / project been in existence?

This would be a pilot Project for the Globe/Miami area school districts.

If this is an established program / project, how has it demonstrated success?

N/A

Is it your practice to provide donors with recognition for contributions? If yes, please describe.

While receipt of recognition will not be considered for the purposes of grant selection, it is important to note that unauthorized use of the State Farm trademark is prohibited. Any use of our trademark must comply with our branding and trademark guidelines and be expressly authorized in writing in advance of the use.

Donors will be recognized at our bi-weekly Board of Supervisors Public meetings, where a State Farm Representative would be invited to attend and be introduced by the Project Manager and recognized by the County Board of Supervisors and the general public.

Proposal Attributes

How many participants will benefit from this program / project?

Approximately 300-400 second grade students

How many participants will benefit directly from the State Farm support?

400

Please indicate the main focus of your funding request.

Safe Neighbors: Home Safety Grants (Community: Safety and Social Services)

What geographic area will benefit most from this program / project?

1. To narrow the listing displayed in the "Select One" box; enter your state and then click on the search button (magnifying glass).
2. If your state provides a listing of counties, please scroll the list available in the "Select One" box and select your appropriate county.
3. If the area served by this grant is National in Scope or McLean County, IL., enter one of these phrases and click on the search button (magnifying glass) to narrow the listing in the "Select One" box.

Arizona (Great Western-Sunland)

Does this program / project qualify under the Community Reinvestment Act?

Check the box if yes; do not check the box if no.

To qualify for Community Reinvestment Act (CRA) grants, the program / project needs to address one of the following areas listed below. This information is used by State Farm Bank® for CRA purposes. Your response will not be a decisive factor for receiving funds.

- **Affordable housing for low to moderate income individuals**
- **Community services (such as financial education or credit counseling) for low to moderate income individuals**
- **Activities that promote economic development (such as small business counseling or job creation)**
- **Activities that revitalize or stabilize geographies (such as neighborhood rebuilding, safety or improvement)**

Completion of the following section is voluntary. Information provided will not be considered for the purposes of grant selection. If you prefer not to respond, please choose "No Response" from the drop down boxes..

Which best describes the ethnicity served by this program / project?

Not Specific

Which best describes the gender served by this program / project?

All

Which best describes the age group served by this program / project?

5-12 yrs. Children

Which best describes the population served by this program / project?

All Populations

Program Measurement Information

Please provide information regarding the expected participant outcomes.

e.g., attitude or behavior changes

The expected participant outcome will be that we will have better educated and informed students who will have knowledge in the proper use of the 9-1-1 system, and the skills to utilize the system in the case of an emergency which can ultimately save lives.

What is your plan to measure the program / project results? Please provide details.

The project result will be measured by tracking the number of students who complete the training successfully and receive their certification and by providing a follow-up drill to ensure skill and knowledge retention.

How do you plan to encourage and track media coverage of the event?

N/A

How do you plan to encourage and track community and business participation in the program?

N/A

How do you plan to encourage and track legislative and government officials' participation in the program?

N/A